

MONTHLY ANNUITANT GROUP HEALTH INSURANCE RATES FOR CY 2006		NON-MEDICARE RATES		MEDICARE RATES		
PLAN NAME	SINGLE	FAMILY	MEDICARE SINGLE	MEDICARE 2**	MEDICARE 1**	
STANDARD PLAN*	808.50	2017.70	NA	NA	1120.70	
STATE MAINTENANCE PLAN (SMP)*	511.30	1275.00	NA	NA	821.40	
MEDICARE + \$1,000,000*	NA	NA	308.00	613.70	NA*	
COMPCAREBLUE AURORA FAMILY	495.60	1235.60	366.90	731.50	860.20	
COMPCAREBLUE NORTHWEST	561.10	1399.40	399.60	796.90	958.40	
COMPCAREBLUE SOUTHEAST	586.40	1462.60	412.30	822.30	996.40	
DEAN HEALTH PLAN	437.60	1090.60	337.90	673.50	773.20	
GHC-EAU CLAIRE	525.00	1309.10	381.60	760.90	904.30	
GHC-SOUTH CENTRAL	430.20	1072.10	334.20	666.10	762.10	
GUNDERSEN LUTHERAN	532.40	1327.60	275.00	547.70	805.10	
HEALTH TRADITION	535.20	1334.60	386.70	771.10	919.60	
HUMANA-EASTERN	571.60	1425.60	404.90	807.50	974.20	
HUMANA-WESTERN	571.50	1425.40	404.90	807.50	974.10	
MEDICAL ASSOCIATES HMO	443.40	1105.10	288.80	575.30	729.90	
MERCYCARE HEALTH PLAN	402.80	1003.60	320.50	638.70	721.00	
NETWORK HEALTH PLAN	465.40	1160.10	322.60	642.90	785.70	
PHYSICIANS PLUS--MERITER & UW	439.30	1094.90	327.10	651.90	764.10	
UNITEDHEALTHCARE NE	448.60	1118.10	343.40	684.50	789.70	
UNITEDHEALTHCARE SE	531.20	1324.60	384.70	767.10	913.60	
UNITY-COMMUNITY	546.40	1362.60	392.30	782.30	936.40	
UNITY-UW HEALTH	435.30	1084.90	336.80	671.30	769.80	
WPS PATIENT CHOICE 1	555.00	1384.10	396.60	790.90	949.30	
WPS PATIENT CHOICE 2	601.50	1500.40	419.90	837.50	1019.10	
WPS PREVEA HEALTH PLAN	512.60	1278.10	375.40	748.50	885.70	
<p>*Additional Information for Persons on Medicare: Participants with Standard Plan or SMP coverage who become enrolled in Medicare Parts A & B will automatically have coverage with the Medicare + \$1,000,000 plan. See page G-50 & G-51 for benefit information. For families with 1 or more people on Medicare Parts A & B, coverage for all other non-Medicare family members remains under the Standard Plan or SMP while coverage for the Medicare enrollee(s) is under the Medicare +\$1,000,000 Plan. Medicare Part D enrollment is not required.</p>						
<p>**Medicare Family 1=One family member enrolled in Medicare Parts A & B; Medicare Family 2=Two or more family members enrolled in Medicare Parts A & B.</p>						